

KHC Form TC-1 Rev. 2007 Page 1 of 2	COMMONWEALTH OF KENTUCKY Kentucky Heritage Council Kentucky Historic Preservation Tax Credit Certification Application Part 1 – Evaluation of National Register Status	KHC Project # _____ Date Received _____
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Read all Instructions and Guidelines (*provided separately from this application*) carefully before completing this application. No certification will be made unless a completed application form has been received. Type or print clearly in black ink. If additional space is needed, use continuation sheets or attach blank sheets. Submit this completed application, along with a completed Part 2 Application, no later than **April 29** of the calendar year in which you want to receive a tax credit allocation.

NOTE: If the federal tax credit is also being applied for, only the first page of this form is required to be completed and submitted with copies of the federal application.

- Name of property:** _____
 Street: _____
 City: _____ County: _____ State: **KY** Zip: _____
- National Register Listing:** (check only one) (see instructions for determining NR listing)
 - ☐ Property is listed individually on the National Register of Historic Places
 - ☐ Property is within the boundaries of a district listed on the National Register of Historic Places.
 Name of historic district: _____
 **Attach a copy of the official National Register district map noting location of this property.
- Project contact:**
 Name: _____
 Street: _____ Telephone Number: _____
 City: _____ State: _____ Zip: _____ E-Mail Address: _____
- Owner: - I hereby attest that the information I have provided is correct and that I own the property described in this application.**
 Name: _____
 Signature: _____ Date: _____
 Organization: _____
 Social Security or Taxpayer Identification Number: _____
 Street: _____ Telephone Number: _____
 City: _____ State: _____ Zip: _____ E-Mail Address: _____

KHC Office Use Only

The Kentucky Heritage Council has reviewed this Application for the above named property and has determined:

- ☐ This property is listed individually on the National Register of Historic Places and is a “certified historic structure” for the purpose of rehabilitation.
- ☐ This property contributes to the historic significance of the district listed on the National Register of Historic Places and is a “certified historic structure” for the purpose of rehabilitation.
- ☐ This property is not a contributing building to the district listed on the National Register of Historic Places nor is it individually listed on the National Register of Historic Places and is not a “certified historic structure” for the purpose of rehabilitation

 Kentucky Heritage Council /State Historic Preservation Office Authorized Signature

 Date

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Property Name: _____

Property Address: _____

5. Description of physical appearance:

Date of construction: _____ Source of date: _____

Date(s) of alteration(s): _____

Has building been moved? ☐ yes ☐ no If so, when? _____

6. Statement of significance:

7. Photographs and maps:

Attach photographs and maps to application. Photographs must show conditions prior to rehabilitation.

Are continuation sheets attached? ? ☐ yes ☐ no